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NATIONAL CONGRESS OF AMERICAN INDIANS

TESTIMONY ON THE REAUTHORIZATION OF THE INDIAN HEALTH CARE IMPROVEMENT ACT

House Subcommittee on Health; Energy & Commerce Committee October 20, 2009

> Jefferson Keel President, National Congress of American Indians Lt. Governor, Chickasaw Nation

Good morning, Chairman, and distinguished committee members. It is an honor to be invited to provide my first testimony as the newly elected President of the National Congress of American Indians (NCAI) to our friends at the Health Subcommittee of the Energy and Commerce Committee. On behalf of NCAI, I greatly appreciate the opportunity to again provide comments and support for a House bill on the Indian Health Care Improvement Act (IHCIA).

I would like to begin by thanking Congressman Pallone for his continued efforts to improve the health care services delivered to American Indians and Alaska Natives. Indian Country extends its thanks for your hard work over the last several years on the IHCIA. However, while we appreciate all that you and the Committee have done, it is past time to get this bill out of Committee and passed by the full House of Representatives.

My colleagues today will be providing you testimony on treaty rights and obligations for Indian health. They will also provide you with the shocking statistics on health disparities in our communities and why the reauthorization is so desperately needed. All of which the Committee should be very familiar with at this point.

What I would like to do today is simple. I would like to ask the Committee to set a schedule and procedure when the bill will be passed and enacted.

TEN YEARS OF WORK

Over the last ten years, NCAI has worked side-by-side with the National Steering Committee for the reauthorization of IHCIA and the National Indian Health Board to pass the IHCIA. We have worked with numerous committee staff on drafting language, watched Leadership in the House change, and have seen two Presidents come and go in office. With each passing year there seems to be a new "must pass" priority and Indian health is relegated to the sidelines.

The Nation is now focused on reforming the health insurance industry. As with the rest of the County, this issue is of critical importance to tribes and we support the efforts of the Obama Administration and Congress. Speaker Pelosi and Mr. Pallone have recognized the importance in protecting and preserving the Indian Health System during this reform effort and NCAI would like to extend our appreciation for your commitment to Indian Country.

The Indian Health Service (IHS), as you well know, is also in need of updates and modernization. The current House bill, HR 2708, is a starting point for reforming the IHS. As with the National health reform bills, its goal is to provide cost saving features for health care delivery by shifting the health delivery paradigm in IHS to preventative health. The following is a sample of some of the reform features in HR 2708:

- Improved standards for mammography and other cancer screening.
- Authorization for modern methods of health care delivery, including authority for IHS and tribes to operate hospice, long-term care and assisted living programs.
- Upgraded authorities for epidemiology centers so that they are expressly authorized to access the data they need to assist tribes and urban Indian organizations.
- Establishment of convenient care demonstration projects to provide primary health care such as urgent services, non-emergent care services, and preventive services outside the regular hours of operation of a health care facility.
- The integration of mental health, social services, domestic and child abuse, youth suicide, and substance abuse into the Indian health delivery system.

Indian Country has been waiting for and asking for these updates for over ten years.

We do not believe that National health insurance reform should be used as an excuse for abandoning the effort to reauthorize the IHCIA. We now come before the Committee to get an assurance that as the Nation moves forward with health reform, Indian Country will be included – and our bill, the IHCIA, will be passed.

What I would like to ask the Committee is: What is your strategy for passing Indian Country's health modernization bill?

CONCLUSION

NCAI knows what this Committee can do when it sets its mind to something. We all saw how quickly you came together to write and pass the Affordable Health Choices Act. We witnessed the hard work of the staff in drafting the Indian protections needed within that bill, and the dedication of the Committee in passing those key provisions. We now ask that that same enthusiasm and commitment be provided for the Indian Health Care Improvement Act.

NCAI stands ready, as do I, and I am sure the other members of the panel, to do what it takes to get this bill passed.

Thank you for providing me with the opportunity to testify before you today. I am available to answer any questions you may have.

NCAI is the oldest and largest American Indian organization in the United States and has the responsibility of representing over 275 tribal governments and hundreds of thousands of Indian people. NCAI is dedicated to our collective efforts to advance tribal sovereignty, protect treaty rights and the trust responsibility, and promote the health and welfare of American Indian and Alaska Native people.